

**IN THE DISTRICT COURT OF THE VIRGIN ISLANDS
DIVISION OF ST. CROIX**

KEVONGH J. GRANT)
)
 Plaintiff,) **Case. No. 1:19-CV-0025**
 v.)
)
 APTIM ENVIRONMENTAL AND)
 INFRASTRUCTURE, INC., WITT O'BRIEN'S, LLC,)
 ODEBRECHT CONSTRUCTION, INC., NATHAN)
 McCANN, ANDRES McCANN, JOHN DOES, JANE)
 DOES AND UNKNOWN CORPORATIONS)
)
Defendants.)

EXHIBIT 5

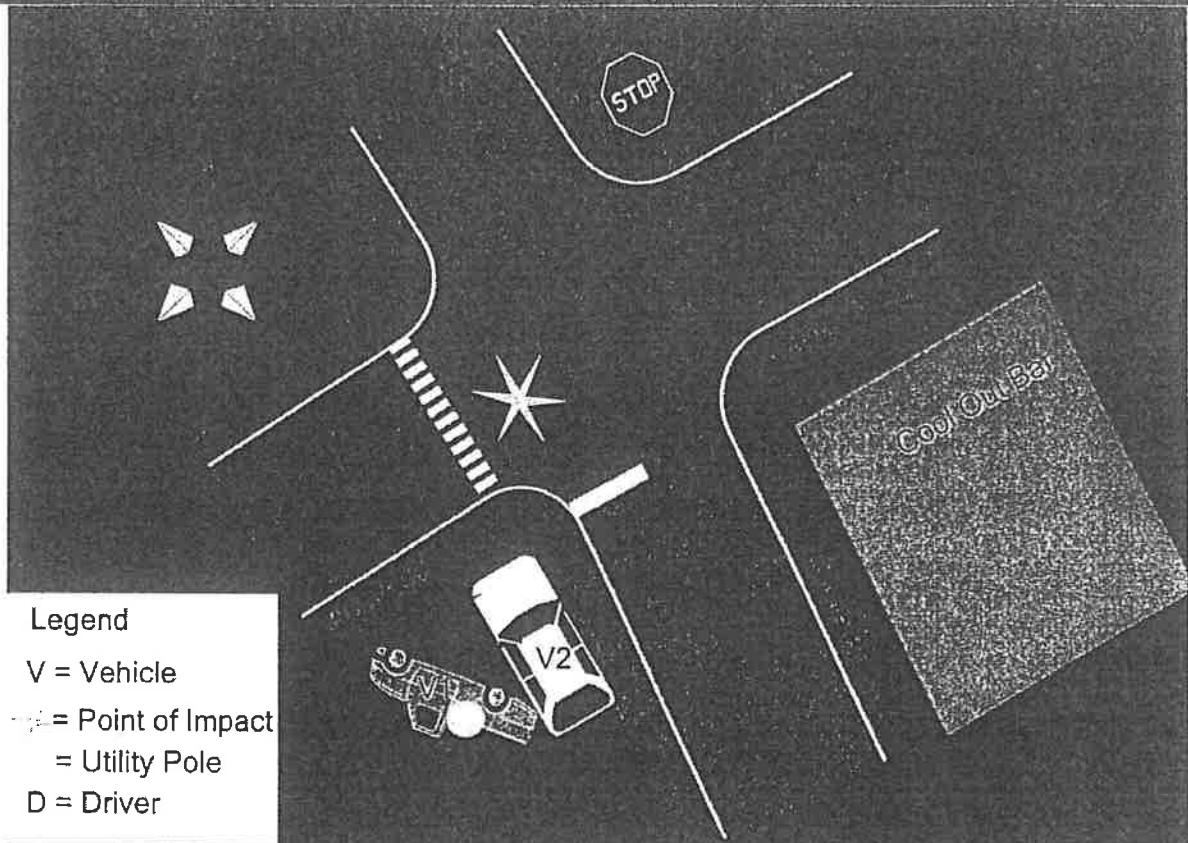
UNITED STATES VIRGIN ISLANDS UNIFORM CRASH REPORT		Agency Number S T X	Agency Case Number 1 8 A 0 9 1 6 2	Page 0 1 of 0 6					
UNITED STATES VIRGIN ISLANDS POLICE DEPARTMENT - ST. CROIX				G1. County 0 1	G2. Status Code C P U				
G3. Reported Date (MM/DD/YYYY) 1 1 / 0 1 / 2 0 1 8		G4. Reported Time (2400) 0 1 3 6	G5. Officer Time Dispatch Time (2400) 0 1 3 9	Arrival Time (2400) 0 1 4 4	G6. Vehicles 0 2	G7. Killed 0 0	G8. Injured 0 1		
G9. Address Number 		G10. Street Name PEARL ROAD		G11. Hwy/County Road # 6 2		G12. Trafficflow Direction N E S W			
G13. Int. Y O N	G14. Distance . 	G15. Direction O F O N O E O S O W	G16. Intersecting Street Name HOPE ROAD		G17. Int. Hwy/County Road # 6 8				
G18. City Name CHRISTIANSTED		G19. Latitude N 1 7 4 3 . 4 8 8		G20. Longitude W 0 6 4 4 4 . 0 9 2					
Crash with OMV in road: <input type="radio"/> Rear end slow or stop <input type="radio"/> Rear end turn <input type="radio"/> Left turn same roadway <input type="radio"/> Left turn cross traffic <input type="radio"/> Right turn cross traffic <input type="radio"/> Head on <input type="radio"/> Sideswipe <input type="radio"/> Angle <input checked="" type="radio"/> Hit and run		Non-Crash in Road <input type="radio"/> Overturn <input type="radio"/> Jackknife <input type="radio"/> Fell from vehicle <input type="radio"/> Other		Fixed Object <input type="radio"/> Bridge/Culvert <input type="radio"/> Embankment/Ditch/Curb <input type="radio"/> Guardrail/Median Barrier <input type="radio"/> Tree <input type="radio"/> Utility pole/light support <input type="radio"/> Other fixed object <input type="radio"/> Sign Post <input type="radio"/> Parked Vehicle <input type="radio"/> Bicyclist <input type="radio"/> Horse <input type="radio"/> Animal (other than horse)		G22. Crash Location <input checked="" type="radio"/> Roadway <input type="radio"/> Off-Roadway <input type="radio"/> Median <input type="radio"/> Roadside <input type="radio"/> Shoulder <input type="radio"/> Parking Lot <input type="radio"/> Gore	G23. Intersection Type <input checked="" type="radio"/> None <input type="radio"/> Four-way Inter <input type="radio"/> T - Intersection <input type="radio"/> Crossover <input type="radio"/> Driveway <input type="radio"/> Five-point or more <input type="radio"/> Off Ramp <input type="radio"/> On Ramp <input type="radio"/> Path/Trail <input type="radio"/> Traffic Circle/Round <input type="radio"/> Y - Intersection	G24. Roadway System <input type="radio"/> Town Street <input type="radio"/> V.I. State Highway <input type="radio"/> Fed. Highway <input type="radio"/> Public Road <input type="radio"/> Parking Lot/Private Drive <input type="radio"/> Off Road <input type="radio"/> State Park	
G21. First Harmful Event		G26. Road Condition <input type="radio"/> Daylight <input checked="" type="radio"/> Dark-Lit <input type="radio"/> Dark-Unit <input type="radio"/> Dawn <input type="radio"/> Dusk		G27. Weather Condition (2) <input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Water <input type="radio"/> Sand/Mud/Dirt/Oil/Gravel <input type="radio"/> Ice <input type="radio"/> Slush <input type="radio"/> Snow		G28. Workzone Relationship <input type="radio"/> Clear <input type="radio"/> Blown Debris <input type="radio"/> Rain <input type="radio"/> Fog/Smog/Smoke <input type="radio"/> Cloudy <input type="radio"/> Sleet/Hail <input type="radio"/> High winds <input type="radio"/> Snow	G29. Workzone Type (2) <input checked="" type="radio"/> Not Workzone Related <input type="radio"/> Within Construction Zone <input type="radio"/> Advance Warning Area		
WITNESS(ES)									
G30. First Name DYLAN		M	Last Name ISNER		G38. First Name 		M	Last Name 	
G31. Address PETERS REST APTS.		G32. Phone Number 3 2 1 6 9 3 6 0 8 1		G39. Address 		G40. Phone Number 			
G33. City CHRISTIANSTED		G34. State V I	G35. Zip Code 	G41. City 		G42. State 	G43. Zip Code 		
G36. Sex <input checked="" type="radio"/> M <input type="radio"/> F		G37. Date of Birth / / 		G44. Sex <input type="radio"/> M <input checked="" type="radio"/> O <input type="radio"/> F		G45. Date of Birth / / 			
G46. Badge Number 3 2 7 7		G47. Investigating Officer Name (Please Print) Rashid Iles		G48. Officer Signature Rashid Iles					
G49. Reviewing Badge Number 3 0 5 6		G50. Reviewing Officer Initials B A		G51. Photos Taken <input checked="" type="radio"/> Y <input type="radio"/> N		G52. Photographer and Badge # DET. RASHID ILES 3277			

HWYSVIUCR07

VIUCR
Diagram/Narrative

— 1 8 A 0 9 1 6 2 — Page 0 2 of 0 6

N1. Collision Diagram



N2. Collision Narrative

SEE ATTACHED FORM

NOV 19 2018

VIUCR Person/Occupant		V.O. Veh. #	P.O. Person #	Agency Number	Agency Case Number	0 3	0 6
		0 1	0 1		1 8 A 0 9 1 6 2		
<p>P1. Person Type <input type="radio"/> Driver <input type="radio"/> Pedestrian <input type="radio"/> Bicyclist <input type="radio"/> Skater <input type="radio"/> Other non-motorist <input type="radio"/> Hit and Run Driver <input type="radio"/> LE</p> <p>P2. License # C-030000081212</p> <p>P3. State V I P4. CDL? N Y P5. DOB (MM/DD/YYYY) 08 / 30 / 1998</p> <p>P6. First Name KEVONGH M Last Name J GRANT</p> <p>P7. Address 10 C MARS HILL</p> <p>P8. Phone Number 3402011210</p> <p>P9. City FREDERIKSTED P10. State V I P11. Zip Code 00840</p> <p>P12. DR Status Valid Suspended - DUI No License Learner Permit Expired Improper DL Suspended Other</p> <p>P13. Paid 1 P14. Ticket # 1 P15. Different 1 2</p> <p>P16. Xport Not Transported Police Medic EMS Private Vehicle</p> <p>P17. EMS Agency Code S T X P18. Medical Facility Code J F L H</p> <p>P19. Condition No Defects Apparent Obviously Intoxicated Unknown Physical Impairment Hit and Run Affected by Exhaust Fumes Drinking - Not Impaired Using Drugs - Impaired Drinking - Impaired Using Drugs - Not Impaired Fall Asleep/Fainted/Fatigue Pending Lab Results</p> <p>P20. Non-Motorist Action Unknown Pushing vehicle Entering/Crossing Roadway Approaching/leaving vehicle Walking/running/playing/cycling Playing/working on vehicle Working Standing</p> <p>P21. Contributing Circumstance (3) No Apparent Improper Driving Made Improper Turn Failed to Yield Right of Way Right of Center Failed to Maintain Safe Distance Failure to keep proper lane/Run off road Speed Too Fast For Conditions Avoidance Driving Under The Influence Drove on Wrong Side of Road Animal on Roadway Fatigued/Asleep Faulty Equipment Illegally Crossing Median Exceeded Lawful Speed Improper Lane Change Improper Passing/Overtaking Lying and/or illegally in roadway</p> <p>P22. Safety Equip. (2) Shoulder & Lap Belt None None Complaint of Pain Lap Belt Moderate Automated Restraint Life Threatening Shoulder Belt Killed</p> <p>P23. Injury Type Not None Lap Belt Automated Restraint Shoulder Belt Child Safety Seat Helmet</p> <p>P24. Ejection Not Not Partially Totally</p> <p>P25. Extricated N Y</p> <p>P26. P27. P28. P29. P30. P31. P32. P33. P34.</p> <p>P27. Race White Hispanic Black Other</p> <p>P28. Position Left Center Right</p> <p>P29. Airbag Deployed - Front Not Deployed Deployed - Side No Airbag Deployed - Both</p> <p>P30. Type None Serum Blood Urine Breath SFST's</p> <p>P31. Status None given Test given Test refused Test given, pending Arrested</p> <p>P32. Result .</p> <p>P33. Type None Serum Blood Urine</p> <p>P34. Status None given Test given, pending Test refused Test given</p>							
<p>Occupant</p> <p>O1. Vehicle # O2. Address Same as Driver # O3. Address O4. City O5. State Unborn Child <input type="checkbox"/></p> <p>O6. Position Front-Driver 3rd-middle Front-Middle 3rd-right Front-right Sleeper of Truck Cab 2nd-left Encl. Pass./Cargo Area 2nd-middle Unencl. Pass./Cargo Area 2nd-right Riding on Exterior 3rd-left Towed Vhcl./Trailer</p> <p>O7. Safety Equip. (2) Shoulder and Lap Belt None Lap Belt Automated Restraint Shoulder Belt Child Safety Seat Helmet</p> <p>O8. Sex M F O9. Race White Hispanic Black Other</p> <p>O10. Age <input type="checkbox"/> M <input type="checkbox"/> Y O11. Extricated O12. Ejection Not Partially Totally</p> <p>O13. Injury Type None Life Threatening Complaint of Pain Moderate Killed</p> <p>O14. Airbag Deployed - Front Not Deployed Deployed - Side No Airbag Deployed - Both</p> <p>O15. Xport Not Transported Police Medic EMS Private Vehicle</p> <p>O16. EMS Agency Code</p> <p>O17. Medical Facility Code</p>							
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<p>HWYSVIUCR07A</p>							

V1. Vehicle	V2. State	V3. Year	V4. License Plate Number	V5. Make	V6. Model Year	V7. Vehicle Model	V8. Vehicle Color	V9. Damage: <input checked="" type="radio"/> Heavy <input type="radio"/> Light <input type="radio"/> None	V10. Speed Zone	V11. Est. Speed	V12. Agency Case Number	V13. Page	V14. City	V15. State	V16. Zip Code																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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type="radio"/> 490	<input type="radio"/> 491	<input type="radio"/> 492	<input type="radio"/> 493	<input type="radio"/> 494	<input type="radio"/> 495	<input type="radio"/> 496	<input type="radio"/> 497	<input type="radio"/> 498	<input type="radio"/> 499	<input type="radio"/> 500	<input type="radio"/> 501	<input type="radio"/> 502	<input type="radio"/> 503	<input type="radio"/> 504	<input type="radio"/> 505	<input type="radio"/> 506	<input type="radio"/> 507	<input type="radio"/> 508	<input type="radio"/> 509	<input type="radio"/> 510	<input type="radio"/> 511	<input type="radio"/> 512	<input type="radio"/> 513	<input type="radio"/> 514	<input type="radio"/> 515	<input type="radio"/> 516	<input type="radio"/> 517	<input type="radio"/> 518	<input type="radio"/> 519	<input type="radio"/> 520	<input type="radio"/> 521	<input type="radio"/> 522	<input type="radio"/> 523	<input type="radio"/> 524	<input type="radio"/> 525	<input type="radio"/> 526	<input type="radio"/> 527	<input 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type="radio"/> 566	<input type="radio"/> 567	<input type="radio"/> 568	<input type="radio"/> 569	<input type="radio"/> 570	<input type="radio"/> 571	<input type="radio"/> 572	<input type="radio"/> 573	<input type="radio"/> 574	<input type="radio"/> 575	<input type="radio"/> 576	<input type="radio"/> 577	<input type="radio"/> 578	<input type="radio"/> 579	<input type="radio"/> 580	<input type="radio"/> 581	<input type="radio"/> 582	<input type="radio"/> 583	<input type="radio"/> 584	<input type="radio"/> 585	<input type="radio"/> 586	<input type="radio"/> 587	<input type="radio"/> 588	<input type="radio"/> 589	<input type="radio"/> 590	<input type="radio"/> 591	<input type="radio"/> 592	<input type="radio"/> 593	<input type="radio"/> 594	<input type="radio"/> 595	<input type="radio"/> 596	<input type="radio"/> 597	<input type="radio"/> 598	<input type="radio"/> 599	<input type="radio"/> 600	<input type="radio"/> 601	<input type="radio"/> 602	<input type="radio"/> 603	<input type="radio"/> 604	<input type="radio"/> 605	<input type="radio"/> 606	<input type="radio"/> 607	<input type="radio"/> 608	<input type="radio"/> 609	<input type="radio"/> 610	<input type="radio"/> 611	<input type="radio"/> 612	<input type="radio"/> 613	<input type="radio"/> 614	<input type="radio"/> 615	<input type="radio"/> 616	<input type="radio"/> 617	<input type="radio"/> 618	<input type="radio"/> 619	<input type="radio"/> 620	<input type="radio"/> 621	<input type="radio"/> 622	<input type="radio"/> 623	<input type="radio"/> 624	<input type="radio"/> 625	<input type="radio"/> 626	<input type="radio"/> 627	<input type="radio"/> 628	<input type="radio"/> 629	<input type="radio"/> 630	<input type="radio"/> 631	<input type="radio"/> 632	<input type="radio"/> 633	<input type="radio"/> 634	<input type="radio"/> 635	<input type="radio"/> 636	<input type="radio"/> 637	<input type="radio"/> 638	<input type="radio"/> 639	<input type="radio"/> 640	<input type="radio"/> 641	<input type="radio"/> 642	<input type="radio"/> 643	<input type="radio"/> 644	<input type="radio"/> 645	<input type="radio"/> 646	<input type="radio"/> 647	<input type="radio"/> 648	<input type="radio"/> 649	<input type="radio"/> 650	<input type="radio"/> 651	<input type="radio"/> 652	<input type="radio"/> 653	<input type="radio"/> 654	<input type="radio"/> 655	<input type="radio"/> 656	<input type="radio"/> 657	<input type="radio"/> 658	<input type="radio"/> 659	<input type="radio"/> 660	<input type="radio"/> 661	<input type="radio"/> 662	<input type="radio"/> 663	<input type="radio"/> 664	<input type="radio"/> 665	<input type="radio"/> 666	<input type="radio"/> 667	<input type="radio"/> 668	<input type="radio"/> 669	<input type="radio"/> 670	<input type="radio"/> 671	<input type="radio"/> 672	<input type="radio"/> 673	<input type="radio"/> 674	<input type="radio"/> 675	<input type="radio"/> 676	<input type="radio"/> 677	<input type="radio"/> 678	<input type="radio"/> 679	<input type="radio"/> 680	<input type="radio"/> 681	<input type="radio"/> 682	<input type="radio"/> 683	<input type="radio"/> 684	<input type="radio"/> 685	<input type="radio"/> 686	<input type="radio"/> 687	<input type="radio"/> 688	<input type="radio"/> 689	<input type="radio"/> 690	<input type="radio"/> 691	<input type="radio"/> 692	<input type="radio"/> 693	<input type="radio"/> 694	<input type="radio"/> 695	<input type="radio"/> 696	<input type="radio"/> 697	<input type="radio"/> 698	<input type="radio"/> 699	<input type="radio"/> 700	<input type="radio"/> 701	<input type="radio"/> 702	<input type="radio"/> 703	<input type="radio"/> 704	<input type="radio"/> 705	<input type="radio"/> 706	<input type="radio"/> 707	<input type="radio"/> 708	<input type="radio"/> 709	<input type="radio"/> 710	<input type="radio"/> 711	<input type="radio"/> 712	<input type="radio"/> 713	<input type="radio"/> 714	<input type="radio"/> 715	<input type="radio"/> 716	<input type="radio"/> 717	<input type="radio"/> 718	<input type="radio"/> 719	<input type="radio"/> 720	<input type="radio"/> 721	<input type="radio"/> 722	<input type="radio"/> 723	<input type="radio"/> 724	<input type="radio"/> 725	<input type="radio"/> 726	<input type="radio"/> 727	<input type="radio"/> 728	<input type="radio"/> 729	<input type="radio"/> 730	<input type="radio"/> 731	<input type="radio"/> 732	<input type="radio"/> 733	<input type="radio"/> 734	<input type="radio"/> 735	<input type="radio"/> 736	<input type="radio"/> 737	<input type="radio"/> 738	<input type="radio"/> 739	<input type="radio"/> 740	<input type="radio"/> 741	<input type="radio"/> 742	<input type="radio"/> 743	<input type="radio"/> 744	<input type="radio"/> 745	<input type="radio"/> 746	<input type="radio"/> 747	<input type="radio"/> 748	<input type="radio"/> 749	<input type="radio"/> 750	<input type="radio"/> 751	<input type="radio"/> 752	<input type="radio"/> 753	<input type="radio"/> 754	<input type="radio"/> 755	<input type="radio"/> 756	<input type="radio"/> 757	<input type="radio"/> 758	<input type="radio"/> 759	<input type="radio"/> 760	<input type="radio"/> 761	<input type="radio"/> 762	<input type="radio"/> 763	<input type="radio"/> 764	<input type="radio"/> 765	<input type="radio"/> 766	<input type="radio"/> 767	<input type="radio"/> 768	<input type="radio"/> 769	<input type="radio"/> 770	<input type="radio"/> 771	<input type="radio"/> 772	<input type="radio"/> 773	<input type="radio"/> 7

VIUCR Person/Occupant		V.O. Veh. # 0 2	P.O. Person # 0 2	Agency Number	Agency Case Number 1 8 A 0 9 1 6 2	Page 0 5 of 0 6	
P1. Person Type <input type="radio"/> Driver <input type="radio"/> Pedestrian <input type="radio"/> Bicyclist <input type="radio"/> Skater <input type="radio"/> Other non-motorist <input type="radio"/> Hit and Run Driver <input type="radio"/> LE							
P2. License #		P3. State V I	P4. COL? P S. DOB (MM/DD/YYYY) N Y / / / /	P22. Safety Equip. (2)			
P6. First Name _____ M _____ Last Name _____		P8. Phone Number _____		<input type="radio"/> Valid <input type="radio"/> Suspended - DUI	<input type="radio"/> Shoulder & Lap Belt <input type="radio"/> None		
P7. Address _____		P10. State V I		<input type="radio"/> No License <input type="radio"/> Learner Permit	<input type="radio"/> None <input type="radio"/> Complaint of Pain		
P9. City _____		P11. Zip Code _____		<input type="radio"/> Expired <input type="radio"/> Improper DL	<input type="radio"/> Moderate <input type="radio"/> Life Threatening		
P13. Sport _____		P14. Offense 1 2		<input type="radio"/> Suspended <input type="radio"/> Other	<input type="radio"/> Killed <input type="radio"/> Killed		
P16. EMS <input type="radio"/> Not Transported <input type="radio"/> Police <input type="radio"/> Medic <input type="radio"/> Private Vehicle		P17. EMS Agency Code _____		P23. Injury Type (2)			
P19. Condition: <input type="radio"/> No Defects Apparent <input type="radio"/> Unknown <input type="radio"/> Hit and Run <input type="radio"/> Drinking - Not Impaired <input type="radio"/> Drinking - Impaired <input type="radio"/> Fell Asleep/Fainted/Fatigue		P20. Non-Motorist Action <input type="radio"/> Obviously Intoxicated <input type="radio"/> Physical Impairment <input type="radio"/> Affected by Exhaust Fumes <input type="radio"/> Using Drugs - Impaired <input type="radio"/> Using Drugs - Not Impaired <input type="radio"/> Pending Lab Results		P24. Ejection <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally			
<input type="checkbox"/> No Apparent Improper Driving <input type="checkbox"/> Failed to Yield Right of Way <input type="checkbox"/> Failed to Maintain Safe Distance <input type="checkbox"/> Speed Too Fast For Conditions <input type="checkbox"/> Driving Under The Influence <input type="checkbox"/> Animal on Roadway <input type="checkbox"/> Faulty Equipment <input type="checkbox"/> Exceeded Lawful Speed <input type="checkbox"/> Improper Passing/Overtaking		<input type="checkbox"/> Made Improper Turn <input type="checkbox"/> Right of Center <input type="checkbox"/> Failure to keep proper lane/Run off road <input type="checkbox"/> Avoidance <input type="checkbox"/> Drove on Wrong Side of Road <input type="checkbox"/> Fatigued/Asleep <input type="checkbox"/> Illegally Crossing Median <input type="checkbox"/> Improper Lane Change <input type="checkbox"/> Lying and/or illegally in roadway		<input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed - Front <input type="checkbox"/> Deployed - Side <input type="checkbox"/> Deployed - Both			
P21. Contributing Circumstance (3)		P25. Position <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right		P26. Sex <input type="radio"/> M <input type="radio"/> F			
P27. Race <input type="radio"/> White <input type="radio"/> Black		P28. Position <input type="radio"/> Pushing vehicle <input type="radio"/> Approaching/leaving vehicle <input type="radio"/> Playing/working on vehicle <input type="radio"/> Standing		P29. Airbag <input type="radio"/> None <input type="radio"/> Blood <input type="radio"/> Breath			
P30. Status <input type="radio"/> None given <input type="radio"/> Test refused <input type="radio"/> Arrested		P31. Result <input type="radio"/> None <input type="radio"/> Blood <input type="radio"/> Breath		P32. Status <input type="radio"/> None <input type="radio"/> Blood <input type="radio"/> Breath			
P33. Type <input type="radio"/> SFST's		P34. Status <input type="radio"/> None <input type="radio"/> Blood <input type="radio"/> Breath		P35. Type <input type="radio"/> Serum <input type="radio"/> Urine <input type="radio"/> SFST's			
P36. Status <input type="radio"/> Test given, pending		P37. Status <input type="radio"/> Test given <input type="radio"/> Test given, pending		P38. Status <input type="radio"/> Test given			
Occupant						Drug Test Information	
00. Vehicle #: _____		01. First Name _____ M _____ Last Name _____		06. Position <input type="radio"/> Front-Driver <input type="radio"/> Front-Middle <input type="radio"/> Front-right <input type="radio"/> 2nd-left <input type="radio"/> 2nd-middle <input type="radio"/> 2nd-right <input type="radio"/> 3rd-left		07. Safety Equip. (2) <input type="radio"/> Shoulder and Lap Belt <input type="radio"/> None <input type="radio"/> Lap Belt <input type="radio"/> Automated Restraint <input type="radio"/> Shoulder Belt <input type="radio"/> Child Safety Seat <input type="radio"/> Helmet	
02. Address Same as Driver # _____		03. Address _____		07. Position <input type="radio"/> 3rd-middle <input type="radio"/> 3rd-right <input type="radio"/> Sleeper of Truck Cab <input type="radio"/> Uncl. Pass./Cargo Area <input type="radio"/> Encl. Pass./Cargo Area <input type="radio"/> Riding on Exterior <input type="radio"/> Towed Vhcl./Trailer			
04. City _____		05. State _____		08. Sex <input type="radio"/> M <input type="radio"/> F		09. Race <input type="radio"/> White <input type="radio"/> Hispanic <input type="radio"/> Black <input type="radio"/> Other	
10. Age _____		11. Ejected <input type="radio"/> M <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y		12. Ejection <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally		13. Injury Type <input type="radio"/> None <input type="radio"/> Life Threatening <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Killed	
15. Sport <input type="radio"/> Not Transported <input type="radio"/> Police <input type="radio"/> Medic <input type="radio"/> Private Vehicle		16. EMS Agency Code _____		17. Medical Facility Code _____		14. Airbag <input type="radio"/> Deployed - Front <input type="radio"/> Deployed - Side <input type="radio"/> Deployed - Both	
Occupant						Drug Test Information	
00. Vehicle #: _____		01. First Name _____ M _____ Last Name _____		06. Position <input type="radio"/> Front-Driver <input type="radio"/> Front-Middle <input type="radio"/> Front-right <input type="radio"/> 2nd-left <input type="radio"/> 2nd-middle <input type="radio"/> 2nd-right <input type="radio"/> 3rd-left		07. Safety Equip. (2) <input type="radio"/> Shoulder and Lap Belt <input type="radio"/> None <input type="radio"/> Lap Belt <input type="radio"/> Automated Restraint <input type="radio"/> Shoulder Belt <input type="radio"/> Child Safety Seat <input type="radio"/> Helmet	
02. Address Same as Driver # _____		03. Address _____		07. Position <input type="radio"/> 3rd-middle <input type="radio"/> 3rd-right <input type="radio"/> Sleeper of Truck Cab <input type="radio"/> Uncl. Pass./Cargo Area <input type="radio"/> Encl. Pass./Cargo Area <input type="radio"/> Riding on Exterior <input type="radio"/> Towed Vhcl./Trailer			
04. City _____		05. State _____		08. Sex <input type="radio"/> M <input type="radio"/> F		09. Race <input type="radio"/> White <input type="radio"/> Hispanic <input type="radio"/> Black <input type="radio"/> Other	
10. Age _____		11. Ejected <input type="radio"/> M <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y		12. Ejection <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally		13. Injury Type <input type="radio"/> None <input type="radio"/> Life Threatening <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Killed	
15. Sport <input type="radio"/> Not Transported <input type="radio"/> Police <input type="radio"/> Medic <input type="radio"/> Private Vehicle		16. EMS Agency Code _____		17. Medical Facility Code _____		14. Airbag <input type="radio"/> Deployed - Front <input type="radio"/> Deployed - Side <input type="radio"/> Deployed - Both	
HWYSVIUCR07A							

V1UCR Vehicle	V0. Vehicle #:	V1. Total Occupants	Agency Number	Agency Case Number	1 8 A 0 9 1 6 2	Page 0 6 of 0 6			
V2. State	V3. Year	V4. License Plate Number							
F L	2 0 1 8	B Q S - X 3 3							
V5. Make	V6. Model Year								
J E E P									
V7. Vehicle Model	V8. Vehicle Color								
L I B E R T Y	W H I T								
V9. Damage: <input checked="" type="radio"/> Heavy <input type="radio"/> Light <input type="radio"/> None	V10. Speed Zone		V11. Est. Speed						
V36. VIN									
2 F M D R 3 G C 4 D B A 7 9 2 7 9									
V20. Sequence of Events		Collision w/ Person, Vehicle/Non-fixed Object		Non-Collision		Collision w/ Fixed Object		V21. Vehicle Action	
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Animal <input type="radio"/> Bicyclist <input type="radio"/> Maintenance Equip. <input type="radio"/> Moving Vehicle <input type="radio"/> Parked Vehicle <input type="radio"/> Pedestrian <input type="radio"/> Slowing Vehicle <input type="radio"/> Stopped Vehicle in Road		<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Cargo Loss/Shift <input type="radio"/> Crossover <input type="radio"/> Equipment Failure <input type="radio"/> Fall/Jump from Vehicle <input type="radio"/> Fire/Explosion <input type="radio"/> Immersion <input type="radio"/> Jackknife <input type="radio"/> Median/Centerline <input type="radio"/> Thrown/Falling Object <input type="radio"/> Off roadway/Left <input type="radio"/> Off roadway/Right <input type="radio"/> Overturn/Rollover <input type="radio"/> Unit Separation <input type="radio"/> Over Correcting/Steering		<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Attenuator/Cushion <input type="radio"/> Bridge Structure <input type="radio"/> Culvert <input type="radio"/> Curb <input type="radio"/> Ditch <input type="radio"/> Embankment <input type="radio"/> Fence <input type="radio"/> Guardrail <input type="radio"/> Mailbox <input type="radio"/> Median Barrier <input type="radio"/> Post/Pole/Support <input type="radio"/> Tree <input type="radio"/> Other Fixed Object		<input checked="" type="radio"/> Going Straight <input type="radio"/> Avoidance <input type="radio"/> Making Left Turn <input type="radio"/> Lane Change <input type="radio"/> Stopped <input type="radio"/> Leaving Parking <input type="radio"/> Slow/Stop in Road <input type="radio"/> Overtaking/Passing <input type="radio"/> Parked <input type="radio"/> Parking Position <input type="radio"/> Reversing <input type="radio"/> Making U Turn <input type="radio"/> Making Right Turn <input type="radio"/> In Tow			
V22. Vehicle Configuration		V23. Initial Contact		V24. Direction of Travel		V25. Bikeway Type			
<input type="radio"/> Passenger Car <input type="radio"/> Light Truck <input type="radio"/> Stationwagon/Van <input checked="" type="radio"/> SUV <input type="radio"/> Motorcycle <input type="radio"/> Other <input type="radio"/> RV		<input type="radio"/> School Bus <input type="radio"/> Single-Unit Truck(2) <input type="radio"/> Single-Unit Truck(3+) <input type="radio"/> Farm Tractor <input type="radio"/> Tractor/SemiTrailer <input type="radio"/> Tractor(2) <input type="radio"/> Tractor(3)		<input type="radio"/> Truck/Trailer <input type="radio"/> Emergency Veh. <input type="radio"/> Commercial Bus <input type="radio"/> ATV <input type="radio"/> Farm Equip. <input type="radio"/> Unknown Truck		<input type="radio"/> Under <input type="radio"/> Overturn <input type="radio"/> None <input type="radio"/> Other			
V26. Traffic Control Device		V27. Road Character		V28. Road Design		V29. Road Surface Type			
<input type="radio"/> Channel-Painted <input type="radio"/> Channel-Physical <input type="radio"/> Flag Person <input type="radio"/> Flashing Signal Red <input type="radio"/> Flashing Signal Yellow <input type="radio"/> No Passing <input type="radio"/> None		<input type="radio"/> Officer <input type="radio"/> Stop Bar <input type="radio"/> Crossing Guard <input type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Const. Flashing Sign <input type="radio"/> Yield Sign		<input type="radio"/> Straight/Level <input checked="" type="radio"/> Intersect two roads <input type="radio"/> Straight/Grade <input type="radio"/> Curve/Level <input type="radio"/> Straight/Hillcrest <input type="radio"/> Curve/Grade		<input type="radio"/> Bridge <input type="radio"/> Private Drive <input type="radio"/> Curve/Hillcrest <input type="radio"/> Crossover <input type="radio"/> Begin/End Divided Road <input type="radio"/> One-Way			
V30. Divided?		V31. Center Turn Lane?		V32. Road Design		V33. Road Surface Type			
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> 2 Lane <input type="radio"/> 3 Lane <input type="radio"/> 4+ <input type="radio"/> Parking Lot <input type="radio"/> 1 Lane		<input checked="" type="radio"/> Asphalt <input type="radio"/> Concrete <input type="radio"/> Dirt <input type="radio"/> Gravel <input type="radio"/> Other - See Narrative			
V33. Towed? <input type="radio"/> Yes <input type="radio"/> No V34. Authority: <input type="radio"/> Owner <input type="radio"/> Police <input type="radio"/> Other V35. Towed By: _____									
Commercial Vehicle									
C1. Carrier ID Number:		C2. Authority		C3. Cargo Body Type					
<input type="radio"/> US DOT <input type="radio"/> MC		<input type="radio"/> State <input type="radio"/> Canada		<input type="radio"/> Auto transporter <input type="radio"/> Bus<15 <input type="radio"/> Bus 15+ <input type="radio"/> Cargo tank <input type="radio"/> Concrete Mixer <input type="radio"/> Dump <input type="radio"/> None					
C4. Carrier Name		C5. City		C6. State		C7. Zip Code			
C8. GVWR #									
C10. Commodity Hauled _____									
C11. Placard ID <input type="radio"/> Yes <input type="radio"/> No									
C12. HAZMAT Released <input type="radio"/> Yes <input type="radio"/> No									
HWY SVIUCR07B									

Government of the Virgin Islands of the United States
Description of Collision

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On November 1, 2018, at approximately 01:39 a.m., my partner Det. S. Lake, and I were dispatched by the 911 call center in reference to a reported auto accident in the vicinity of the Cool Out Bar, Christiansted.

Upon my arrival I made contact with D1(Kevongh Grant), who was in the process of receiving medical attention and was unable to provide a statement. D1 was transported to the Juan F. Luis Hospital for further treatment.

Within V2 (BQS-X33) I observed the APTIM identification cards of Mr. Nathan McCann and Mr. Andrew McCann. Neither individual was located at the scene. No insurance or registration information could be found within V2.

Dylan Isner was present near the intersection at the time of the collision. Mr. Isner was advised of his Miranda Rights and interviewed. Mr. Isner stated that he was a passenger in a vehicle traveling south on Hope Road when he observed V2 overtake him and travel into the intersection at a high rate of speed, colliding with V1 (CFC-668), thereby causing an accident.

At the Juan F. Luis Hospital I made contact with Dr. T. Merchant who stated that D1 had suffered a broken right arm as well as lacerations to his legs and arms. I made contact with D1, who stated that he was unable to remember the events of the accident.

On November 16, 2018, at the Wilbur Francis Command, I made contact with Darion Grainger, a Supervisor at APTIM, a company listed on the work identification cards found within V2. I provided Mr. Grainger with photographs of the identification cards to which he stated that he recognized the individuals as contractors. Mr. Grainger agreed to turn over information regarding Mr. N. McCann and Mr. A. McCann.

MY INVESTIGATION OF THIS COLLISION REVEALED THE FOLLOWING FACTS:

V1 received damages about the body of the vehicle to include the hood, front glass, cabin roof, driver and passenger side doors, tailgate and trunk.

V2 received damages to the front bumper, engine, driver and passenger side front wheel well and driver side front door. A check of V2's license plate revealed that V2's tag number is registered with Odedrecht Construction Inc. No insurance information was present.

Based on evidence observed on the scene, both vehicles collided at the intersection of Pearl Road and Hope Road.

Impact marks were observed in the south western section of the intersection in the vicinity of the crosswalk. In the vicinity of the intersection I observed a stop sign on the shoulder of the southbound lane indicating that V1 had the right of way.

Based on records provided by Mr. Grainger, Mr. N. McCann and Mr. A. McCann were identified as being employed with Campbell Development. Further investigation determined that both Mr. N. McCann and Mr. A. McCann departed from the island of St. Croix on November 2, 2018 and travelled to Houston, Texas.

Based on the limited information I cannot determine which of the two individuals was operating V2 at the time of the incident.

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Description of Collision

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Based on my findings I request this case remain open pending issuing of citations to for Failure to Yield Right of Way Thereby Causing an Accident, Leaving the Scene of an Accident After Causing Personal Injury, Operating without Proof of Insurance and Operating Without Proof of Registration to D2 or other responsible parties.

Rashid Iles /s/

Detective Rashid Iles
PDN# 3277

NOV 19 2018